## **UTAH DEPARTMENT OF HEALTH**

Community & Family Health Services Division

## CHILDREN WITH SPECIAL HEALTH CARE NEEDS 44 North Medical Dr. P.O. Box 144610 SLC UT 84114-4610 (801) 584-8484 FAX (801) 584-8545 (800) 829-8200

(Voice and TDD) 1-800-826-9662

## **APPLICATION FOR SERVICES**

	Date of Birth:	
		Zip:
tive American 📮	Asian or Paci	fic Islander 🖵 Other 🗔
me:		
First	ľ	Middle
	ſ	Middle
City:	State:	Zip:
Work Phone:		
City:		Zip:
City:		
		nutually agreed upon service
. •		Date:
	Sex:  Sex:  tive American  First  First  City:  Work Phone:  City:  City:	Middle  City: State:  Work Pf  Sex:  tive American    Asian or Paciforme:  First

Our policy is to provide reasonable accommodations to the known disabilities of patients and their families in compliance with the Americans with Disabilities Act.